

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

526029

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3		(1)				
4	e	e				
5	1					
6		1				
7						
8						
9	1					
10		1				
11		1				
12		1				
13	1					
14		1				
15		1				
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24						
25						
26	1					
27	e	e				
28		1				
29		1				
30		1				
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48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	13					
TOTAL CLAIMS	17					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						